



Texas Department of Licensing and Regulation
PO Box 12057 • Austin, Texas 78711-2057
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.podiatry@tdlr.texas.gov

**** NO FEE REQUIRED ****

Podiatric Medical Assistant Radiological Technician Information

Proof of successful completion of the Podiatric Medical Assistant training (copy of certificate) must accompany this form.

Name: _____
(Last Name) (First Name) (Middle Name or Initial)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone (A/C & No.) _____ Social Security # : _____ Date of Birth: _____

Podiatric Medical Assistant must perform radiological procedures only under the supervision of a podiatric physician physically present on the premises. List all supervising podiatric physicians and their locations. Attach additional pages if needed.

(1) Name: _____
(Last Name) (First Name) (Middle Initial) (DPM License #)

Facility/ Location: _____ Phone#: _____
(Area Code) (Number)

Address: _____
(Street) (City) (State) (Zip)

Date of Employment with Supervising Podiatric Physician: _____

(2) Name: _____
(Last Name) (First Name) (Middle Initial) (DPM License #)

Facility/Location: _____ Phone#: _____
(Area Code) (Number)

Address: _____
(Street) (City) (State) (Zip)

Date of Employment with Supervising Podiatric Physician: _____

(3) Name: _____
(Last Name) (First Name) (Middle Initial) (DPM License #)

Facility/Location: _____ Phone#: _____
(Area Code) (Number)

Address: _____
(Street) (City) (State) (Zip)

Date of Employment with Supervising Podiatric Physician: _____

(4) Name: _____
(Last Name) (First Name) (Middle Initial) (DPM License #)

Facility/Location: _____ Phone#: _____
(Area Code) (Number)

Address: _____
(Street) (City) (State) (Zip)

Date of Employment with Supervising Podiatric Physician: _____

Requirements for Podiatric Medical Assistant Radiological Technician

1. Complete form and return to Texas Department of Licensing and Regulation
2. Proof of successful completion of training (copy of certificate) must accompany this form in order to be processed. Mandatory training is set out 22 Texas Administrative Code, §194.14 (relating to Alternate Training Requirements for "Podiatric Medical Assistants").

Signature

Date

TEXAS DEPARTMENT OF LICENSING AND REGULATION
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